

FORM PTO-1449
(REV. 7-85)U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKET NO.
PPD 50341
APPLICATION NO.
09/913,856
APPLICANT
BEAN ET AL.
FILING DATE
NOVEMBER 6, 2001

#9 Gr up

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
<i>SM</i>	AM	91/00010	1/1991	WO			<input type="checkbox"/>	<input type="checkbox"/>
<i>SM</i>	AN	07-242510	9/1995	Japan	<i>(abstract)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>SM</i>	AO	99/48359	9/1999	WO			<input type="checkbox"/>	<input type="checkbox"/>
<i>SM</i>	AP	93/22917	11/1993	WO			<input type="checkbox"/>	<input type="checkbox"/>
<i>SM</i>	AQ	96/00010	1/1996	WO			<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	
	AS	
	AT	

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JAN 09 2003
TECH CENTER 1600/2900

EXAMINER

DATE CONSIDERED

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

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		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLAS S	TRANSLATION	
							YES	NO
<i>See</i>	AA	94/12259	6/1994	WO			<input type="checkbox"/>	<input type="checkbox"/>
<i>See</i>	AB	0 388 239	9/1990	EP	<i>(See PTO Form 892)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>See</i>	AC	0 487 262	5/1992	EP			<input type="checkbox"/>	<input type="checkbox"/>
	AD						<input type="checkbox"/>	<input type="checkbox"/>
	AE						<input type="checkbox"/>	<input type="checkbox"/>
	AF						<input type="checkbox"/>	<input type="checkbox"/>
	AG						<input type="checkbox"/>	<input type="checkbox"/>
	AH						<input type="checkbox"/>	<input type="checkbox"/>
	AI						<input type="checkbox"/>	<input type="checkbox"/>
	AJ						<input type="checkbox"/>	<input type="checkbox"/>
	AK						<input type="checkbox"/>	<input type="checkbox"/>
	AL						<input type="checkbox"/>	<input type="checkbox"/>
	AM						<input type="checkbox"/>	<input type="checkbox"/>
	AN						<input type="checkbox"/>	<input type="checkbox"/>
	AO						<input type="checkbox"/>	<input type="checkbox"/>
	AP						<input type="checkbox"/>	<input type="checkbox"/>
	AQ						<input type="checkbox"/>	<input type="checkbox"/>
	AR						<input type="checkbox"/>	<input type="checkbox"/>
	AS						<input type="checkbox"/>	<input type="checkbox"/>
	AT						<input type="checkbox"/>	<input type="checkbox"/>
	AU						<input type="checkbox"/>	<input type="checkbox"/>
	AV						<input type="checkbox"/>	<input type="checkbox"/>
	AW						<input type="checkbox"/>	<input type="checkbox"/>
	AX						<input type="checkbox"/>	<input type="checkbox"/>
	AY						<input type="checkbox"/>	<input type="checkbox"/>
	AZ						<input type="checkbox"/>	<input type="checkbox"/>

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